RECEIVED CENTRAL FAX CENTER

JAN 2 1 2004

OFFICIAL

FACSIMILE TRANSMITTAL

from HOLLY D. KOZLOWSKI

January 21, 2004

Direct: 513-977-8568 / Fax: 513-977-8141 / holly.kozlowski@dinslaw.com

To:

Examiner Fay - Group Art Unit 1614

Firm:

U.S. Patent & Trademark Office (USPTO)

Fax Number:

703-308-4556

Client Number:

31477-8

Pages:

13

(including cover)

Comments:

. If there are any problems in receiving this transmission, please call the fax room at (513) 977-8483 immediately. Thank you.

Notice

This message is intended only for the use of the individuals or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this notice is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this notice in error, please notify us immediately by telephone and return these papers to us at the address below via first class mail.

Cincinnati • 1900 Chemed Center • 255 East Fifth Street • Cincinnati, OH 45202 • Phone: (513) 977-8200

PATENT

Docket No: 31477-8

CERTIFICATE OF FACSIMILE I hereby certify that this paper is being transmitted via facsimile to Mail Stop Non-Fee Amendment; Commissioner for Patents; P.O. Box 1450; Alexandria, VA at facsimile number 703-308-4556 on

January 21, 2004.

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant:

Helene Richardson et al

Paper No.:

Serial No.:

10/035,963

Group Art Unit:

1614

Filing Date:

November 9, 2001

Examiner: Z.A. Fay

For:

Improved Treatment

Mail Stop Non Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

additional fee is required. []

also attached: []

The fee has been calculated as shown below:

The tee has been calculated						- 1
	NO. OF CLATMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE	1
			0	x \$18 =	S	1
Total Claims	37	37	0			7
Tomi Ciamia			0	x \$84 =	\$	_
Independent Claims	2	3			\$	1
		TOTAL FEE DUE				

Please charge the amount of \$____ to our Visa credit card. Form PTO-2038 is enclosed.

The Commissioner is hereby authorized to charge payment of any additional fees associated with this Ü communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17. [x]

Respectfully submitted,

Holly D. Kozlowski Registration No. 30,468

DINSMORE & SHOHL, LLP 1900 Chemed Center 255 East Fifth Street Cincinnati, Ohio 45202 (513) 977-8568 Date: January 21, 2004 979133v1